

Graduate Student Annual Activities Report  
Department of History  
Western Michigan University

COVER SHEET

STUDENT: \_\_\_\_\_

Report for the year: \_\_\_\_\_

Degree sought: \_\_\_\_\_ MA Track (if applicable): \_\_\_\_\_

Admitted to program: (date) \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

SUPERVISING PROFESSOR (Thesis/Dissertation Director) \_\_\_\_\_

Comments of Supervising Professor

By signing this cover sheet, the Supervising Professor warrants that s/he has reviewed the activities report and has discussed any academic shortcomings with and make pertinent recommendations to the student.

Signature of the Supervising Professor: \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_ (initials) \_\_\_\_\_ Student